

EXHIBIT 2

**To Declaration Of
Matthew Leeper**

12/14/2016

DAVID J PERRAS
1070 TRAILMORE DR
ROSWELL, GA 30076-2751

RE: Case Number 216090373
Decline Number 001 632 726

Dear Mr. DAVID PERRAS

Thank you for choosing MetLife Insurance Company USA.

We are unable to offer you any life insurance coverage due to:

- information received from the medical care provider or facility referenced below.

LEAH TOBIN
3400 OLD MILTON PKWY C 270
ALPHARETTA GA 30005

Any inquiry about the information we received should be directed to this source so you may review it with your primary care provider in relation to your total health care situation.

The temporary insurance coverage that was provided under the terms of the "Temporary Insurance Agreement and Receipt," given to you by your representative when your application was written, is effectively terminated. Any premium payment made with the application will be refunded. If you feel you should have received this refund, please contact your representative.

Please take the time to read the enclosed flyer titled "Your Information Rights" and inform MetLife Insurance Company USA of any corrections or concerns you may have.

We appreciate that you considered us and look forward to providing your insurance and financial needs in the future.

Sincerely,

SALLY YEE
New Business Processing Center

Enclosure

CC: DAVID TAYLOR

DEC-3

R>Crump 08:42:58 12/29/2016

MetLife Insurance Company USA

- Your Information Rights -

You are receiving this notification because of the decision discussed in the enclosed cover letter. You may have certain rights under federal and/or state privacy laws concerning the information we obtained about you during our application evaluation.

Information Access:

The letter sent with this notice told you of our decision with respect to your application and gave you the reasons for our decision. In many cases the name and address of specific sources of our information were given and we encourage you to contact these sources for details of the information they provided. Some additional information may be available, however, in order to assure your privacy, access will be allowed only after proper identification has been submitted to us. Within 90 business days from the date of mailing of the adverse underwriting decision notice or other communication, send a written request to the address indicated on the enclosed cover letter. Within 21 business days after the receipt of your request, we will provide you, in writing, with any additional information concerning the adverse underwriting decision. There will be no charge for this information. There are limitations on the details we can provide. We will not identify sources of data obtained from individuals such as friends or neighbors. Also, we are not required to provide access to data obtained in connection with or in anticipation of a claim for benefits or a civil or criminal proceeding.

- **Medical Information:** Medical information will generally be disclosed through a physician of your choice unless otherwise required by law. Please be sure to provide the name and address of your physician in your written request. We will advise you if you reside in a state where you may request the medical findings be disclosed directly to you.
- **Consumer Report Information:** Consumer reports may provide information about you, such as: mode of living, character, general reputation and personal characteristics. If we received a consumer report about you, you can obtain a free copy of the report by contacting the company that prepared it within 60 days of the date of our letter. The name, address and phone number of the consumer reporting agency is in the letter that was sent with this notice. You may dispute the accuracy or completeness of the report directly with the consumer reporting agency. Please keep in mind that the consumer reporting agency is an information resource. The information may be kept by the agency and later given to others as permitted by the Federal Fair Credit Reporting Act and your state's Fair Credit Reporting Act, if any. The agency does not make any decisions concerning your application for life insurance and cannot explain why a decision was made.
- **Medical Information Bureau:** When you completed your application, you received a written description of the Medical Information Bureau (MIB), a consumer reporting agency that operates an information exchange on the behalf of insurers. You were also informed that the MIB would disclose any information it may have about you in a brief coded report to us. If we mentioned in our letter that our decision was prompted by information provided by the MIB, you may obtain a summary of your report. This report will be sent free of charge if you contact the MIB within 30 days of the date of our letter. You may contact the MIB at: MIB, Inc., 50 Braintree Hill Park - Suite 400, Braintree, MA 02184-8734 or phone 866-692-6901, (TTY 866-346-3642 for the hearing impaired) or email info@mib.com.

Information Correction:

If you believe that any information in our files is wrong or incomplete, you may ask that we correct or amend it. We will review our files and if we agree to correct/amend our files, we will send notice of the adjustment to any person to whom we may have disclosed the original data or who may have furnished the original data during the application process. If we do not agree, you may file a short statement of dispute with us. This statement will be sent to anyone whom we may have disclosed it to. It will also be sent with any future disclosure of information.

We take pride in providing information to our applicants and policyholders to assure fair and equitable treatment. Please contact our sales representative or write us if you have any further questions concerning your application or the rights outlined here. **If you do write to us, please specify the nature of your request and the file or policy number.**